## Fairfax County Sheriff's Office / Confinement Division \*\*Place This Form on the Cell Door\*\*

SOP 517 Attachment 1
Fluid/Restraint Chair
Assessment Log

## Fluid / Restraint Chair Assessment Log

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| Name:      |            |                       | In:                      | mate Number: | Location:                       | Date in:      |
|------------|------------|-----------------------|--------------------------|--------------|---------------------------------|---------------|
|            | Fluids     | Medical<br>Assessment | Supervisor<br>Assessment |              | COMMENTS                        | Date Removed: |
| EIN / TIME | EIN / TIME | EIN / TIME            | EIN / TIME               |              | (use more than one line if nece | essary)       |
|            |            |                       |                          |              |                                 |               |
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Fluid / Restraint Chair Assessment Log

| Name:              |                   |                       | In:                      | mate Number: | Location:                       | Date in:  |
|--------------------|-------------------|-----------------------|--------------------------|--------------|---------------------------------|-----------|
| Fluids<br>Consumed | Fluids<br>Refused | Medical<br>Assessment | Supervisor<br>Assessment |              | COMMENTS                        | Date out: |
| EIN / TIME         | EIN / TIME        | EIN / TIME            | EIN / TIME               | (u           | se more than one line if necess | sary)     |
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